

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

ADDRESS (number and street) ▼

1400 Atwater Drive

☐ Check if different than previously reported. (ACC)

Malvern

PA

19355

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00452052

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Joseph Rosenthal

Signature of Treasurer

Joseph Rosenthal

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 19 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
03 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		43236.05
(b) Cash on Hand at Beginning of Reporting Period.....	41806.01	
(c) Total Receipts (from Line 19) .....	5519.98	11589.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	47325.99	54825.99
7. Total Disbursements (from Line 31) .....	5000.00	12500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	42325.99	42325.99
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 03 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 03 / 31 / 2016
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4371.98

6376.64

(ii) Unitemized .....

1148.00

5213.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5519.98

11589.94

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

5519.98

11589.94

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

5519.98

11589.94

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

5519.98

11589.94

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	12500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	12500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	12500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5519.98	11589.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5519.98	11589.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Timothy Byrne**

Mailing Address 8050 Fair View Lane

City

Norristown

State

PA

Zip Code

19403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Sr Dir Public Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

03 / 31 / 2016

**Transaction ID : C232925**

Amount of Each Receipt this Period

170.00

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Paul Campanelli**

Mailing Address 7 Cheyenne Court  
Oakland

City

Oakland

State

NJ

Zip Code

07436

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Par Pharmaceuticals

Occupation

President Par Pharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

03 / 24 / 2016

**Transaction ID : C232848**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Robert Cobuzzi Jr.**

Mailing Address 1822 Masters Way

City

Chadds Ford

State

PA

Zip Code

19317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

President Endo Ventures Ltd.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

03 / 31 / 2016

**Transaction ID : C232928**

Amount of Each Receipt this Period

120.00

☐ Memo Item

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2790.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Keri Delp**

Mailing Address 634 W Cliveden St

City State Zip Code  
Philadelphia PA 19119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP Investor Relations & Corporate Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2016

Transaction ID : C232933

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. Rajiv DeSilva**

Mailing Address 120 Masons Way

City State Zip Code  
Newtown Square PA 19073

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

CEO and President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

03 / 31 / 2016

Transaction ID : C232932

Amount of Each Receipt this Period

416.00

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. Brian Lortie**

Mailing Address 10 Horseshoe Lane

City State Zip Code  
Paoli PA 19301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

President Branded Pharmaceuticals

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 31 / 2016

Transaction ID : C232954

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

616.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 11

☒ 11a   ☐ 11b   ☐ 11c   ☐ 12  
☐ 13   ☐ 14   ☐ 15   ☐ 16   ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Matthew Maletta**

Mailing Address 314 Edgehill Road

City	State	Zip Code
Wayne	PA	19087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

EVP Chief Legal Officer

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : C232957**

Amount of Each Receipt this Period

200.00

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**B. James Manser**

Mailing Address 1875 Rampart Lane

City	State	Zip Code
Lansdale	PA	19446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

Dir State Government &amp; External Affairs

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : C232958**

Amount of Each Receipt this Period

150.00

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

**C. James Munroe**

Mailing Address 9447 Brenner Court

City	State	Zip Code
Vienna	VA	22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Endo Pharmaceuticals

Occupation

SVP Government Affairs

Receipt For:

☐ Primary   ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

**Transaction ID : C232965**

Amount of Each Receipt this Period

166.00

☐ Memo Item

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

516.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

## **A. Laurence Smith**

Mailing Address 9630 Eagle Ridge Dr.

City State Zip Code  
 Bethesda MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 SVP Tax

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C232979**

Amount of Each Receipt this Period

166.66

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **B. Jon Smollen**

Mailing Address 2117 Pine Street

City State Zip Code  
 Philadelphia PA 19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 EVP & Chief Compliance Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.96

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C232981**

Amount of Each Receipt this Period

83.32

☐ Memo Item

\* Payroll Deduction:

Full Name (Last, First, Middle Initial)

## **C. Suketu Upadhyay**

Mailing Address 1809 Cold Spring Dr

City State Zip Code  
 West Chester PA 19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Endo Pharmaceuticals

Occupation  
 EVP & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : C232982**

Amount of Each Receipt this Period

200.00

☐ Memo Item

\* Payroll Deduction:

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

449.98

4371.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. Mike Kelly For Congress**

Mailing Address P.O. Box 476

City Lyndora	State PA	Zip Code 16045
-----------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**George Kelly**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

**Transaction ID : D920**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican National Congressional Committee**

Mailing Address 320 First Street, SE

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

Purpose of Disbursement  
Attribution - Scalise Leadership Fund

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☐ General  
☒ Other (specify) ▼  
2016 Leadership Fund

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

**Transaction ID : D925**

Amount of Each Disbursement this Period

2000.00
---------

☒ Memo Item  
2016 Leadership Fund

Full Name (Last, First, Middle Initial)

**C. Ryan Costello for Congress**

Mailing Address P.O. Box 3154

City West Chester	State PA	Zip Code 19381
----------------------	-------------	-------------------

Purpose of Disbursement  
Contribution

Candidate Name

**Ryan Costello**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2016

**Transaction ID : D919**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)**

Full Name (Last, First, Middle Initial)

**A. SCALISE LEADERSHIP FUND**

Mailing Address 317 15TH ST NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☐ General  
☒ Other (specify) ▼

State:

District:

2016 Leadership Fund

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

**Transaction ID : D924**

Amount of Each Disbursement this Period

2000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SHELBY FOR U S SENATE**

Mailing Address POST OFFICE BOX 1091

City  
TUSCALOOSAState  
ALZip Code  
35403Purpose of Disbursement  
Contribution

Candidate Name

**Sen. Richard C. Shelby**Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2016

**Transaction ID : D918**

Amount of Each Disbursement this Period

1000.00
---------

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00
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5000.00
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